

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U- <u>7597</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Keith L. Noll</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 15222</u> Street _____ City <u>Reading</u> State <u>PA.</u> ZIP Code + 4 <u>19612</u>	4. Name, file number, and address of labor organization. Name <u>IBT Local 429</u> Labor Organization File Number <u>033-012</u> P.O. Box, Building and Room Number, if any _____ Street <u>1055 Spring St.</u> City <u>Wyomissing</u> State <u>PA.</u> ZIP Code + 4 <u>19610</u>
5. Position in labor organization. <u>Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

### Signatures

14. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Keith L. Noll On 8-12-05 610-370-5521  
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <i>Central Pk. Teachers Pension Fund</i></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <i>Spring St. 1055</i></p> <p>City: <i>Wyomissing</i></p> <p>State: <i>Pa.</i> ZIP Code + 4: <i>19610</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p><i>Trust Huntley Trust Fund Pension</i></p> <p>11.b. Approximate dollar value of such dealing. <i>2 Billion</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Reimbursements and payments for expenses incurred while performing the duties of a Trustee to the Trust Fund. These include attending conferences and meetings</i></p> <p>12.b. Amount. <i>\$1300.00</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing

*Paul L. Noll*

File Number ( )

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name Continental Pa. Tenants Health & Welfare  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street 1055 Spring St.  
City Wilmington  
State Pd. ZIP Code + 4 19410

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

11. Nature of such dealing.

*Trust for Tenants Health & Welfare Fund*

11.b. Approximate dollar value of such dealing.

75 million

12.a. Nature of interest held or income received.

*Reimbursements and payments for expenses incurred while performing the duties of a Trustee to the H & W fund. These include attending conferences and meetings*

12.b. Amount.

\$1,332.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

\_\_\_\_\_

13.b. Is the Business an Employer  or Consultant  ?

14.b. Amount of payment.

\_\_\_\_\_

State PA. ZIP Code + 4 19103

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Citizens Pension & H.W.

EST. 1924 & 429

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1055 Spring St.

City WYOMISSIC

State PA. ZIP Code + 4 19610

11. Nature of such dealing.

Legal Council to Union  
and Trust Fund.

11.b. Approximate dollar value of such dealing.

1.5 million

12.a. Nature of interest held or income received.

4 BASEBALL TICKETS

12.b. Amount.

\$160.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

\_\_\_\_\_

13.b. Is the Business an Employer  or Consultant  ?

14.b. Amount of payment.

\_\_\_\_\_